

## Denominator for Procedure

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\*required for saving

Facility ID	Procedure #:	
*Patient ID:	Social Security #:	
Secondary ID:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
Ethnicity (Specify):	Race (Specify):	
Event Type: PROC	*NHSN Procedure Code:	
*Date of Procedure:	ICD-9-CM Procedure Code:	
<b>Procedure Details</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           *Outpatient: Yes No            *Wound Class: C CC CO D            ASA Score: 1 2 3 4 5            *Trauma: Yes No      *Scope: Yes No            *Height: _____ feet _____ inches            (choose one) _____ meters            *Weight: _____ lbs/kg (circle one)         </div> <div style="width: 45%;">           *Duration: _____ Hours _____ Minutes            *General Anesthesia: Yes No            *Emergency: Yes No            *Diabetes Mellitus: Yes No            *Closure Technique: Primary      Other than primary            Surgeon Code: _____         </div> </div>		
CSEC: *Duration of Labor: _____ hours		
Circle one: FUSN RFUSN *Spinal Level (check one) <div style="margin-left: 20px;"> <input type="checkbox"/> Atlas-axis  <input type="checkbox"/> Atlas-axis/Cervical  <input type="checkbox"/> Cervical  <input type="checkbox"/> Cervical/Dorsal/Dorsolumbar  <input type="checkbox"/> Dorsal/Dorsolumbar  <input type="checkbox"/> Lumbar/Lumbosacral         </div>	*Approach/Technique (check one) <div style="margin-left: 20px;"> <input type="checkbox"/> Anterior  <input type="checkbox"/> Posterior  <input type="checkbox"/> Anterior and Posterior  <input type="checkbox"/> Transoral         </div>	
Circle one: HPRO KPRO  *Check one: <input type="checkbox"/> Total <input type="checkbox"/> Hemi <input type="checkbox"/> Resurfacing (HPRO only)  If Total: <input type="checkbox"/> Total Primary <input type="checkbox"/> Total Revision <input type="checkbox"/> Partial Revision  If Hemi: <input type="checkbox"/> Partial Primary <input type="checkbox"/> Total Revision <input type="checkbox"/> Partial Revision  If Resurfacing (HPRO only) : <input type="checkbox"/> Total Primary <input type="checkbox"/> Total Revision <input type="checkbox"/> Partial Primary <input type="checkbox"/> Partial Revision  If total or partial revision, was the revision associated with prior infection at index joint? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<small>Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</small>		
<small>Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).          CDC 57.121 Rev. 6, NHSN v8.3</small>		



## Denominator for Procedure

### Custom Fields

Label

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Label

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### Comments